

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

RECEIVED FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3432

Registration District No. 554

Primary Registration District No. 5747

Registrar's No. 2

1. PLACE OF DEATH:

(a) County. Mercer
(b) City or town. Mill Grove, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether)
In this community Entire life
years, months or days

3. (a) PRINT FULLNAME Chancey O. Williams

3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife. Hazel Williams
6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased. Oct 27 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 29
If less than one day hr. min.

9. Birthplace Mercer co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name. Wm. Williams

13. Birthplace Randolph co., Indiana
(City, town, or county) (State or foreign country)

14. Maiden name. Reeves

15. Birthplace Mercer Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant. Hazel Williams

(b) Address. Mill Grove, Missouri

17. (a) Burial, cremation, or removal
(b) Date thereof Jan. 26, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation. Goshan

18. (a) Signature of funeral director. Hail Mass

(b) Address. Princeton, Mo.

19. (a) Jan 27-41 (b) Mrs. Claude Thomas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mercer
(c) City or town. Princeton, Mo. west Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1941 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Fell dead at home in barn lot. Had been sick with influenza for past two wks

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

493 While at work? (Specify type of place)

(e) Means of injury

23. Signature. J. L. Hickman (M. D. or other)

Address. Princeton Mo Date signed 1-28-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Harold Nass

Licensed Embalmer No. 2689

P. O. Address Camden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.